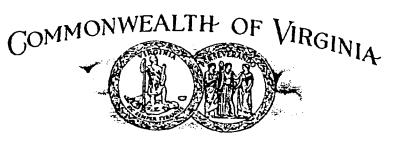
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THEODORE V. MORRISON, JR. CHAIRMAN

MARK C. CHRISTIE COMMISSIONER

JUDITH WILLIAMS JAGDMANN COMMISSIONER



JOEL H. PECK CLERK OF THE COMMISSION P.O. BOX 1197 RICHMOND, VIRGINIA 23218-1197

STATE CORPORATION COMMISSION
Office of the Clerk

June 5, 2007

BUSINESS FILINGS INCORPORATED 8025 EXCELSIOR DR STE 200 MADISON, WI 53717

RE:

VOSTROM HOLDINGS, INC.

ID:

F165654 - 7

DCN:

07-06-05-2317

#### Dear Customer:

This will acknowledge receipt of an attested copy of an assumed or fictitious name certificate for the captioned corporation conducting business under the assumed or fictitious name(s) of:

PACKET FORENSICS (VIRGINIA BEACH CI)

The filing fee of \$10.00 has been received.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck

Clerk of the Commission

FICTACPT CIS0313

TORMING LOTERS, 1968

## 20070518000677410 Pg. 1 0F

City of Virginia Beach 05/18/2007 02:57:05 PM BN AN Tina E. Sinnen, Clerk

#### ASSUMED NAME CERTIFICATE VIRGINIA CODE § 59.1-69

This is to certify that the below named person, partnership, limited liability company, or corporation intends to conduct or transact business in the City of Virginia Beach, Virginia, under an assumed or fictitious name.

N	ne ASSUMED OR FICTITIOUS NA IAME Packet Forensics				
A	DRESS 576 N. Birdneck Rd. PMB 710, Virginia Beach, VA 23451				
	e above business is owned by the following entity type: U SOLE PROPRIETORSHIP, Must complete A below.  PARTNERSHIP, Must complete B below: OCRPORATION or U LIMITED LIABILITY COMPANY Must complete C below.				
А	NAME OF OWNER:				
	RESIDENCE ADDRESS				
В.	NAME OF PARTNERSHIP:				
	OFFICE ADDRESS				
	(1) Is this a general partnership? 🔲 NO 🔲 YES. If YES, a Statement of Partners on the reverse side is completed				
	(2) Is this a domestic limited partnership?  NO  YES If YES, such domestic limited partnership shall file a certified copy of this certification with the State Corporation Commission § 59.1-79.				
	(3) Is this a foreign limited partnership?   NO  YES If YES, the date of the certificate of registration to transact business in this Commonwealth issued to the State Corporation Commission and such foreign limited partnership shall file a certified copy of this certificate with the State Corporation Commission, § 59.1-70				
C	NAME OF XI CORPORATION of A LIMITED LIABILITY COMPANY: VOSTROM Holdings, Inc.				
	OFFICE ADDRESS: 576 N. Birdneck Rd. PMB 710, Virginia Beach, VA 23451				
	(1) Such corporation or limited liability company shall file a certified copy of this certificate with the State Corporation Commission §59 1-70				
	(2) Is this a foreign corporation or a foreign limited liability company?  NO  YES If YES, the date of the certificate to transact business in this Commonwealth issued to it by the State Corporation Commission.  2/1/2006				
1.	ertify that the foregoing is true to the	best of my knowledge and belief.			
A	SOLE PROPRIETORSHIP.	Name of Owner	S S	Signature of Owner	
8	PARTNERSHIP OWNED	Name of General Partner	<u> </u>	signature of General Partner	
c	CORPORATION OWNED	Victor Oppleman Name of President	S	nighature of President	
D	LIMITED LIABILITY COMPANY	Name of Member/Manager	s	lignature of Member/Manager	<del></del>
_	CIMITED LIABILITY COMPANY  Beach Virginia	Name of Member/Manager	1	ognature of Member/Manager	

OF RECORD IN MY CUSTODY

TINA E. SINNEN, CLERK

**DEPUTY CLERK** 

# To: Virginia Corporation Division.

Please find enclosed one original true copy of a Certificate of Assumed Name filed by Virginia Beach City.

Please find enclosed a check for \$10 for this request.

If there are any questions please call Brittani Phelps at 800-981-7183, Ext 269.

### Please return all completed documents to:

Business Filings Incorporated 8025 Excelsior Dr., suite 200 Madison, WI 53717

Best Regards,

**Business Filings Incorporated**